Medical and Behavioral Health Policy
Section: Behavioral Health, Medicine
Policy Number: II-75
Effective Date: 09/25/2013

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

VAGUS NERVE STIMULATION

Description: Vagus nerve stimulation (VNS) involves implantation of a pulse generator under the skin of the chest, with an electrical lead connected from the generator to the left vagus nerve. Mild, regular pulses of electrical energy are sent from the generator to the brain via the vagus nerve.

VNS is used in the treatment of medically refractory epileptic seizures. It has also been proposed for treatment of other conditions, such as medically refractory depression and obesity.

In 1997, the NeuroCybernetic Prosthesis (NCP) System (Cyberonics, Inc.) received premarket approval (PMA) from the U.S. Food and Drug Administration (FDA) for use as an adjunctive therapy in reducing the frequency of seizures in adults and adolescents over age 12 with medically refractory, partial-onset seizures. In 2005, Cyberonics, Inc. received supplemental PMA approval for the VNS Therapy™ System for the adjunctive long-term treatment of chronic or recurrent depression for patients 18 years of age or older who are experiencing a major depressive episode and have not had an adequate response to four or more adequate antidepressant treatments.

Definitions: Vagus nerve: A cranial nerve that conveys sensory information on the status of various organs to the central nervous system.

Policy: I. Vagus nerve stimulation may be considered MEDICALLY NECESSARY for the treatment of medically refractory or intractable epileptic seizures, defined as failure of at least two antiepileptic drugs.

II. Vagus nerve stimulation is considered INVESTIGATIVE for all other indications including, but not limited to, the following:
A. Major depressive disorder;
B. Essential tremor;
C. Headache;
D. Obesity;
E. Fibromyalgia;
F. Congestive heart failure.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT:
61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve
64568 Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
95974 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability,
output modulation, cycling, impedance and patient compliance measurements; complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour
95975 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse, duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (list separately in addition to code for primary procedure)
0312T Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
0313T Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of neurostimulator of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
0317T Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator analysis, includes reprogramming when performed

HCPCS:
C1767 Generator, neurostimulator (implantable), nonrechargeable
C1778 Lead, neurostimulator (implantable)
C1816 Receiver and/or transmitter, neurostimulator (implantable)
C1820 Generator, neurostimulator (implantable), with rechargeable battery and charging system
C1883 Adaptor/extension, pacing lead or neurostimulator lead (implantable)
C1897 Lead, neurostimulator test kit (implantable)
L8679 Implantable neurostimulator, pulse generator, any type
L8680 Implantable neurostimulator electrode, each
L8682 Implantable neurostimulator radiofrequency receiver
L8683 Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
L8685 Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
L8686 Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
L8687 Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688 Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
Deleted Codes: 64573

Policy History:

Developed February 11, 1999

Most recent history:
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Cross Reference:

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